Standard Form 85 Revised December 2013 U.S. Office of Personnel Management 5 CFR Parts 731 and 736

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 5 and the release on Page 6. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, and 736 of Title 5, Code of Federal Regulations.

Your Social Security Number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

- 2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
- 3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
- 4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
- 5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
- 6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
- 7. All telephone numbers must include area codes.
- 8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
- 9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
- 10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment, we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer

PRIVACY ACT ROUTINE USES

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The written consent or licensing organization may then make a request supported by written consent of the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Eederal agency for support a referral to another office within the agency or to another Eederal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established lisison channels to selected foreign governments, in order to senable an intelligence agency to carry out its responsibilities under the Mational Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

 $9.\ \, \text{To}$ a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in auch litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agency in his or her individual capacity where the States Government is a party to litigation or has interest in auch litigation, and by exceptul review, the agency determines that the records are both relevant and necessary to the litigation and the use of auch records are both relevant and signercy to be for a purpose that is compatible with the purpose for which the agency agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public actions or disclosed to the appropriate Federal, foreign, State, local, tribal, or other public suthoutly responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hinng or retention of an employee or other personnel action, or the isauling or retention of a security clearance, contract, grant, licenses, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

STATE CODES (ABBREVIATIONS)

	PUBLIC BURDEN INFORMATION											
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Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing information. Send searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85 Revised December 2013 U.S. Office of Personnel Management 5 CFR Parts 731 and 736

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved: OMB No. 3206-0261

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	Place You Entered the							Month	1 [Day	Year							-	
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8 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
To Present					
lame of Person Who Knows You	Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
ame of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code
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Month/Year Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State	ZIP Code

9 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 5 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 High School
- 2 College/University/Military College
- 3 Vocational/Technical/Trade School
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year Month/Year #1	Code	de Name of School Degree/Diploma/Othe			Month/Year Awarded
Street Address and City (Country)	of School			State	ZIP Code
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Month/Year Month/Year	Code	Name of School	Degree/Diploma/Other		Month/Year Awarded
		Name of School	Degree/Diploma/Other	State	Month/Year Awarded
To Street Address and City (Country) of Month/Year Month/Year		Name of School	Degree/Diploma/Other	State	
to Street Address and City (Country) o	School Code			State	ZIP Code

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- Code. Use one of the codes listed below to identify the type of employment:
 - 1 Active military duty stations
 - 2 National Guard/Reserve
 - 3 U.S.P.H.S. Commissioned Corps
 - 4 Other Federal employment
- 5 State Government (Non-Federal employment)
- 6 Self-employment (Include business name and/or name of person who can verify)
- 7 Unemployment (Include name of person who can verify)

9 - Other

- B Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/	Year Month/Year To Present	Code	Employer/Verifier Name/M	ilitary Duty Location	Your	Position Title/Mili	itary Rank			
Employer's/	Verifier's Street Address		-	City (Country)	State	ZIP Code	Telephone Number			
Street Addre	ess of Job Location (if dif	ferent than	n Employer's Address)	City (Country)	State	ZIP Code	Telephone Number			
Supervisor's	rvisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number			
PREVIOUS	PREVIOUS PERIODS OF ACTIVITY Month/Year Month/Year Position Title To Position Title Position Title To				Supervisor	pervisor				
OF					Supervisor					
(Block #1)					Supervisor					
Month/\(\)	rear Month/Year	Code	Employer/Verifier Name/Mil	litary Duty Location	Your	Position Title/Milit	ary Rank			
Employer's/	Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number			
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number			
Supervisor's	Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()			
PREVIOUS	Month/Year Mon To	th/Year	Position Title		Supervisor	pervisor				
PERIODS OF ACTIVITY	То	th/Year	Position Title		Supervisor					
(Block #2)	То	th/Year	Position Title		Supervisor					
Month/Y	То	Code	Employer/Verifier Name/Mili		Your I	Your Position Title/Military Rank				
	erifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()			
	ss of Job Location (if diffe			City (Country)	State	ZIP Code	Telephone Number ()			
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()				
PREVIOUS	То	h/Year	Position Title		Supervisor					
PERIODS OF ACTIVITY	То	h/Year	Position Title		Supervisor	Supervisor				
(Block #3)	CHAIL				Supervisor	risor				

Enter your Social Security Number before going to the next page-

YOUR EMP	LOYMENT ACTIVITIES	(CONTIN	IUED)								
Month/	Year Month/Year To	Code	Employer/Verifier Name/N	filitary Duty Location		Your P	osition Title/Mili	tary Rank			
Employer's/	Verifier's Street Address			City (Country)		State	ZIP Code	Tele	phone Number		
Street Addre	ess of Job Location (if diff	erent that	n Employer's Address)	City (Country)		State	ZIP Code		phone Number		
Supervisor's	s Name & Street Address	(if differe	nt than Job Location)	City (Country)		State	ZIP Code	1 -	phone Number		
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(Block #4)					Supervisor	r			4		
Month/\		Code	Employer/Verifier Name/M	ilitary Duty Location		Your Po	osition Title/Milit	ary Rank			
	To Verifier's Street Address	L	1	City (Country)	5	State	ZIP Code	Tele	ohone Number		
Street Addre	ess of Job Location (if diffe	erent thar	Employer's Address)	City (Country)	5	State	ZIP Code	Telep	ohone Number		
Supervisor's Name & Street Address (if different than			nt than Job Location)	City (Country)	S	State	ZIP Code	Telep	phone Number		
PREVIOUS	Month/Year Month/Year Position Title				Supervisor		<u> </u>				
PERIODS OF ACTIVITY		nth/Year	Position Title		Supervisor						
(Block #5)	Month/Year Mor	th/Year	Position Title		Supervisor	ervisor					
Month/Y	ear Month/Year To	Code	Employer/Verifier Name/Mi	ilitary Duty Location	Y	our Po	sition Title/Milit	ary Rank			
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Street Addre	ss of Job Location (if diffe	rent than	Employer's Address)	City (Country)	S	tate	ZIP Code	Telephone Number			
Supervisor's	Name & Street Address (if differen	t than Job Location)	City (Country)	S	State		Telephone Number			
PREVIOUS	Month/Year Mon	th/Year	Position Title		Supervisor		L		No. 1985 (19		
PERIODS OF ACTIVITY	Month/Year Mon	th/Year	Position Title		Supervisor						
(Block #6)	Month/Year Mon	th/Year	Position Title		Supervisor						
List three		well and I		ey should be good friends, peers, ot list your spouse, former spouse							
Name #1	ere on this form.			Dates Known Month/Year Month/	Year Te	Da	ne Number ly ght ()				
Home or Wor	k Address			То	City (Countr		gni '	State	ZIP Code		
Name #2				Dates Known Month/Year Month/ To	Year Te	elephor Da Nic			I		
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Name #3				Dates Known Month/Year Month/^ To		lephor Day Nig			<u></u>		
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Enter you	r Social Security N	lumber	before going to the	next page-			→				

YOUR SELE	CTIVE SERVICE	KEOOK	D								Yes	
a Are you	a male born after	Decem	ber 31, 1959? If "No," go to 13.	f "Yes,	go to	b.						
	ou registered with	the Sele	ective Service System? If "Yes," p	rovide	your r	egistration r	number. If "i	No," show th	ne reason fo	r your legal		
Registration N	lumber		Legal Exemption Explanation									J
YOUR MILITA	ARY HISTORY						and committee control of the second				Yes	N
a Have yo	ou served in the U	nited Sta	ates military?									
have yo	u served in the U	nited Sta	ates Merchant Marine?			A 2						
			cluding service in Reserve, Natior e, each separate period should be		rd, an	d U.S. Merc	hant Marine	Start with	the most rec	cent period o	of service (#	1) and
Code. Use	one of the codes	s listed b	elow to identify your branch of se	vice:								
1 - Air Ford	e 2 - Army	3 - Nav	y 4 - Marine Corps 5 - Co	ast Gua	ard	6 - Mercha	int Marine	7 - Nation	al Guard			
O/E. Mark	"O" block for Office	cer or "E	" block for Enlisted.									
			the status of your service during a state to mark the block.	the time	e that	you served.	If your serv	rice was in ti	he National	Guard, do n	ot use	
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Form Approved OMB No. 3206-0261

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation or reinvestigation to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information to include publically available electronic information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization with my signature are valid. This authorization is valid for two (2) years from the date signed.

Signature (Sign in ink)	nature (Sign in ink) Full name (Type or print legibly)				
Other names used				Social Security Number	
Current street address Apt. #	City (Country)	State	ZIP Code	Home telephone number	